## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further cor indicated unless corrected by maintenance fee notification	respondence including the P selow or directed otherwise as.	atent, advance orders a in Block 1, by (a) spec	nd notification ifying a new co	of maintenance fees v rrespondence address	vill be mailed to the current and/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers, Each additional paper, such as an assignment or formal drawing, must			
					have its own certificate of mailing or transmission.		
OPPEDAHL & OLSON LLP- VAI P.O. BOX 5388 DILLON, CO 80435-5388				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimile transmitted to the USPTO (371) 273-2885, on the date indicated below.			
				Mary Wins		(Depositor's name)	
			(	71) am Dr	instr	(Signature)	
			January		2006	(Date)	
APPLICATION NO.	FILING DATE	FtRST	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/820,366 04/08/2004		P	Paul Waterhouse		DAMAGEALERTTAG	8833	
	ETWORKED RF TAG FOR	TRACKING FREIGHT	r 				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	Pt.	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	04/13/2006	
EXAMINER		ART UNIT	CI	ASS-SUBCLASS	]		
GOINS, DAVETTA WOODS		2632		340-572100	="		
Change of correspond Address form PTO/SB/12	c address or indication of "Fe lence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence or	2. For priming on the patient front page, list (1) the names of up to 3 registered patient attorneys or a genta OR, alternativety, O2 the names of a single firm (having as a member a 2 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents. If no name is 1 registered patient attorneys or agents attorneys or agents attorneys or agents. If no name is 1 registered patient attorneys or agents at				
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4a. The following fee(s) are enclosed:  4b			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	(from status indicated above MALL ENTITY status, See 2		. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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This collection of informatian application. Confidential submitting the completed a this form and/or suggestion. Box 1450, Alexandria, Virginia 22313-Under the Paperwork Reduc	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT is for reducing this burden, slinia 22313-1450. DO NOT 1- 1450. etion Act of 1995, no persons	11. The information is re 122 and 37 CFR 1.14. D. Time will vary deper ould be sent to the Chie SEND FEES OR COMP are required to respond	equired to obtain This collection Inding upon the Information C PLETED FORM to a collection of	n or retain a benefit by s estimated to take 12 individual case. Any c officer, U.S. Patent and S TO THIS ADDRES of information unless it	the public which is to file (ar minutes to complete, includi omments on the amount of I I Trademark Office, U.S. De S. SEND TO. Commissioner displays a valid OMB control	ad by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	